

CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)

521648

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.											
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).											
PRODUCER											
FRODUCER						NAME: PHONE FAX					
						(A/C, No, Ext): (A/C, No):					
						ADDRESS:					
						INSURER(S) AFFORDING COVERAGE					
						INSURER A :					
INSURED						INSURER B :					
						INSURER C :					
						INSURER D :					
						INSURER E :					
,						INSURER F :					
COVERAGES PROD / CUSTOMER ID:						CERTIFICATE #: REVISION #:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.											
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS			
								AUTO ONLY (Ea accident)	\$		
	ANY AUTO AUTOS USED OWNED IN GARAGE								\$		
	AUTOS ONLY BUSINESS							AUTO ONLY			
									\$		
	GARAGE KEEPERS LIABILITY								\$		
									\$		
	DIRECT BASIS							COLLISION LOC	\$		
	PRIMARY EXCESS							LOC	\$		
									\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$		
								MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$		
	OTHER:								\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION \$								\$\$		
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE								\$		
	OFFICER/MEMBEREXCLUDED? Y / N (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE			
	If yes, describe under REMARKS below								\$		
									<u>.</u>		
REM	RKS (ACORD 101, Additional Remarks Schedule	mav b	e attac	hed if more space is required)							
REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
CF		CANO	CANCELLATION								
AUSTIN, TEXAS											
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
APPROVED						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN					
LLLV 10 004E						ACCORDANCE WITH THE POLICY PROVISIONS.					
MAY 18 2015						AUTHORIZED REPRESENTATIVE					
					AUINU						
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